Date				
Name Street Address City, State, Zip				
Dear:				
Your child care center,(insert name of site), participates in the USDA Child and Adult Care Food Program (CACFP) through the sponsorship of(insertname of _localagency) Because the CACFP involves the use of Federal funds, we are required to ensure that the reimbursement each child care center receives is used to provide nutritious meals and snacks for the children enrolled in their care. As a Program sponsor, we are required to conduct surveys with parents of all enrolled children claimed by each site selected for review. These surveys are required by the Federal regulations governing the Program as they help to verify the information submitted by centers. These surveys are maintained completely confidentially.				
Thank you for taking the time to complete the enclosed verification form. We appreciate your assistance in protecting the integrity of the CACFP. Again, all information will be kept confidential. Please return the form in the enclosed postage paid envelope by <u>(insert date)</u> . If you have any questions, please call <u>(insert name)</u> at <u>(insert phone number)</u> .				
Sincerely,				

Name Title

Enclosures

Household Contact Questionnaire

We are asking that you review the records of:				
	tached is a copy of the Daily Attendance (meal counts) for your childe Please review this information and check which resp			
aco	curate.			
1.	Is(Are) your child(ren) enrolled for care at this center?	Yes	No	
	Comments:			
2.	If not, when was your child's last day?			
4.	Are the days attended marked correctly for the days in care?	Yes	No	
	Comments:			
5.	If care is provided for an infant who has not reached their first be offered to you as a parent?	irthday, was Yes	formula No	
	Comments:			
6.	If care is provided for an infant who has not reached their fir appropriate meals offered?	rst birthday, Yes	are age	
	Comments:			
Sig	gnature of Parent/Guardian	Date		